

Case Number:	CM14-0139520		
Date Assigned:	09/05/2014	Date of Injury:	05/11/2012
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27 year old male with a reported date of injury on 05/11/2012. The mechanism of injury was a fall. The diagnoses included cervical and lumbar degenerative disc disease. The past treatments consisted of pain medication, home exercise program and a TENS unit. There were no relevant diagnostics provide for review. The surgical history included left knee arthroscopy. The subjective complaints on 08/12/2014 included low back pain that increased with activity. The physical examination findings noted tenderness to palpation of the paraspinals with lumbar spasms. The medications included naproxen, omeprazole, Norco, and Lidoderm patches. It was documented in the notes that the injured worker has been on naproxen since at least 04/15/2014. The treatment plan was to refill medications. The rationale was to relieve pain. The request for authorization form was dated 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naproxen 550mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Naproxen 550mg, #120 is not medically necessary. The California MTUS guidelines state for NSAIDs are recommended at the lowest effective dose for the shortest period of time in patients with moderate to severe osteoarthritis pain as there is no evidence of long term effectiveness for pain or function and there is a significant risk of adverse effects. The patient has been on Naproxen since at least 04/15/2014 with no documented extenuating circumstance indicating why the injured worker remains on the medication or whether a lower dose has been attempted. Additionally there is no documentation as to medication frequency in the request. As such, the request is not medically necessary.

Lidoderm patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm patches 5%, #30 is not medically necessary. The California MTUS guidelines state Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepilepsy drugs) such as gabapentin or Lyrica). Additionally the guidelines state Lidoderm is only FDA approved for post-herpetic neuralgia and further research is needed to recommend this treatment for other chronic neuropathic pain disorders. The injured worker had chronic low back pain. There was no clear documented evidence that the injured worker tried and failed first line therapy. Additionally it was not noted that the he had post-herpetic neuralgia. In the absence of documentation of tried and failed first line therapy and a diagnosis of post-herpetic neuralgia, the request is not supported by the guidelines. As such, the request is not medically necessary.

Omeprazole 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg #120 is not medically necessary. The California MTUS guidelines recommend omeprazole for patients taking NSAIDs who are shown to be at increased risk for gastrointestinal events or who have complaints of dyspepsia related to NSAID use. The notes document that the injured worker is being prescribed omeprazole prophylactically for gastrointestinal upset. There is no documented evidence that he is at increased risk for gastrointestinal events or that the injured worker has dyspepsia related to NSAID use. Additionally the request as submitted did not provide a frequency. As there is no documentation that the injured worker is at risk for gastrointestinal events or that he has dyspepsia the request is not medically necessary.

